

UNITED STATES DISTRICT COURT

District of _____

MR. J. T. GLOVER

v.

SUMMONS IN A CIVIL CASE

03-11633 DPW

CASE NUMBER:

Morrissey et al
Massachusetts Dept of Mental Retardation

TO: (Name and address of Defendant)

Mr. Bernard Murphy - DMR
500 Harrison Ave
Boston, MA 02118

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Mr. J. T. GLOVER
46 Quincy St # 5
No. Adams, MA 01247
413-664-9093

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



TONY ANASTAS

CLERK

(By) DEPUTY CLERK

SEP 02 2003

DATE

3
9
0
h
e
c

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE
NAME OF SERVER (PRINT)	TITLE
<i>Check one box below to indicate appropriate method of service</i>	
<input type="checkbox"/> Served personally upon the third-party defendant. Place where served: _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.	



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999

Suffolk, ss.

October 1, 2003

I hereby certify and return that on 09/29/03 at 2:40pm I served a true and attested copy of the Summons and Complaint in this action in the following manner: To wit, by delivering in hand to Kim LaDue, Attorney, agent, person in charge at the time of service for Murphy, Bernard, Mr. -DMR, C/O Dept of Mental Retardation, 500 Harrison Avenue, Boston, MA. Fees: Service \$35.00, Attest \$5.00, P&H \$1.00, Total Fees \$41.00

Deputy Sheriff Melvin M. Toon

Deputy Sheriff

Executed on _____

Date _____

Signature of Server _____

Address of Server _____

